

Fill in this information to identify the case and this filing

Debtor Name GRAND DAKOTA PARTNERS, LLC  
United States Bankruptcy Court for the: \_\_\_\_\_ District of North Dakota  
(State)  
Case number (if known): 17-30535

## Official Form 202

### Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

**WARNING** – Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

#### Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☐ Schedule A/B: Assets—Real and Personal Property (Official Form 206A/B)
- ☐ Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D)
- ☐ Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)
- ☐ Schedule G: Executory Contracts and Unexpired Leases (Official Form 206G)
- ☐ Schedule H: Codebtors (Official Form 206H)
- ☐ Summary of Assets and Liabilities for Non-Individuals (Official Form 206Sum)
- ☒ Amended Schedule E/F, G, Sum
- ☐ Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders (Official Form 204)
- ☐ Other document that requires a declaration \_\_\_\_\_

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 10/19/2017  
MM / DD / YYYY

  
Signature of individual signing on behalf of debtor

**STEPHEN D. BARKER**

Printed name

President, Cibix Management, Inc., the Managing Member of Grand  
Position or relationship to debtor Dakota Partners, LLC

**Fill in this information to identify the case:**

Debtor GRAND DAKOTA PARTNERS, LLC

United States Bankruptcy Court for the: \_\_\_\_\_ District of NORTH DAKOTA  
(State)

Case number 17-30535  
(If known)

☒ Check if this is an amended filing

**Official Form 206E/F****Schedule E/F: Creditors Who Have Unsecured Claims****12/15**

Be as complete and accurate as possible. Use Part 1 for creditors with **PRIORITY** unsecured claims and Part 2 for creditors with **NONPRIORITY** unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

**Part 1:** List All Creditors with **PRIORITY** Unsecured Claims**1. Do any creditors have priority unsecured claims?** (See 11 U.S.C. § 507).

- ☐ No. Go to Part 2.
- ☒ Yes. Go to line 2.

**2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part.** If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.**2.1** Priority creditor's name and mailing addressINTERNAL REVENUE SERVICEPO BOX 7346PHILADELPHIA, PA 19101-7346**Date or dates debt was incurred**CONTINUING**Last 4 digits of account number** \_\_\_\_\_**Specify Code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) (8(A))**As of the petition filing date, the claim is:** \$ UNKNOWN*Check all that apply.*

- ☒ Contingent
- ☒ Unliquidated
- ☐ Disputed

**Basis for the claim:** \_\_\_\_\_**Total claim****Priority amount**\$ UNKNOWN**Is the claim subject to offset?**

- ☒ No
- ☐ Yes

**2.2** Priority creditor's name and mailing addressNORTH DAKOTA TAX COMMISSIONPO BOX 5623BISMARCK, ND 58506-5623**Date or dates debt was incurred**CONTINUING**Last 4 digits of account number** \_\_\_\_\_**Specify Code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) (8(C))**As of the petition filing date, the claim is:** \$ UNKNOWN*Check all that apply.*

- ☒ Contingent
- ☒ Unliquidated
- ☐ Disputed

**Basis for the claim:**SALES TAX\$ UNKNOWN\$ UNKNOWN**Is the claim subject to offset?**

- ☒ No
- ☐ Yes

**2.3** Priority creditor's name and mailing addressSTARK COUNTY AUDITORPO BOX 130DICKINSON, ND 58602-0130**Date or dates debt was incurred**CONTINUING**Last 4 digits of account number** 0-200**Specify Code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) (8(B))**As of the petition filing date, the claim is:** \$ \_\_\_\_\_*Check all that apply.*

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

**Basis for the claim:**PROPERTY (AD VALOREM) TAX

\$ \_\_\_\_\_

\$ \_\_\_\_\_

**Is the claim subject to offset?**

- ☒ No
- ☐ Yes

## Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

|     |  | Amount of claim  |
|-----|--|--|
| 3.1 | <b>Nonpriority creditor's name and mailing address</b><br>ALEXANDER RICKS<br>4601 PARK ROAD, SUITE 580<br>CHARLOTTE, NC 28209<br><br>Date or dates debt was incurred <u>various</u><br>Last 4 digits of account number <u>      </u>       | As of the petition filing date, the claim is: \$ 2,105.00<br><i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br>Basis for the claim: <u>Services provided</u><br>Is the claim subject to offset?<br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes   |
| 3.2 | <b>Nonpriority creditor's name and mailing address</b><br>AMERIPRIDE SERVICES<br>1238 FRONTIER DR<br>BISMARCK, ND 58504<br><br>Date or dates debt was incurred <u>Various</u><br>Last 4 digits of account number <u>4200</u>               | As of the petition filing date, the claim is: \$ 537.50<br><i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br>Basis for the claim: <u>Services provided</u><br>Is the claim subject to offset?<br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes     |
| 3.3 | <b>Nonpriority creditor's name and mailing address</b><br>BORDER STATES ELECTRIC SUPPLY<br>100 29th ST W<br>DICKINSON, ND 58601-2612<br><br>Date or dates debt was incurred <u>      </u><br>Last 4 digits of account number <u>      </u> | As of the petition filing date, the claim is: \$ 30.95<br><i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br>Basis for the claim: <u>Goods sold</u><br>Is the claim subject to offset?<br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes             |
| 3.4 | <b>Nonpriority creditor's name and mailing address</b><br>BRAUN DISTRIBUTING<br>PO BOX 1506<br>DICKINSON, ND 58602-1506<br><br>Date or dates debt was incurred <u>Various</u><br>Last 4 digits of account number <u>2660</u>               | As of the petition filing date, the claim is: \$ 418.16<br><i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br>Basis for the claim: <u>Goods sold</u><br>Is the claim subject to offset?<br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes            |
| 3.5 | <b>Nonpriority creditor's name and mailing address</b><br>CATELLUS GROUP<br>217 East Tremont Avenue<br>Charlotte, NC 28203<br><br>Date or dates debt was incurred <u>Various</u><br>Last 4 digits of account number <u>      </u>          | As of the petition filing date, the claim is: \$ 6,586.64<br><i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br>Basis for the claim: <u>Management Services</u><br>Is the claim subject to offset?<br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes |
| 3.6 | <b>Nonpriority creditor's name and mailing address</b><br>COCA-COLA BOTTLING<br>4150 3rd Avenue W<br>Dickinson, ND 58601<br><br>Date or dates debt was incurred <u>Various</u><br>Last 4 digits of account number <u>6675</u>              | As of the petition filing date, the claim is: \$ 502.85<br><i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br>Basis for the claim: <u>Goods sold</u><br>Is the claim subject to offset?<br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes            |

## Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

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| 3.7  | <b>Nonpriority creditor's name and mailing address</b><br>CONSOLIDATED COMMUNICATIONS<br><br>PO BOX 1408<br>DICKINSON, ND 58602-1408<br><br>Date or dates debt was incurred <u>VARIOUS</u><br>Last 4 digits of account number <u>4000</u>     | <b>As of the petition filing date, the claim is:</b> \$ <u>2,725.95</u><br><i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><input type="checkbox"/> Liquidated and neither contingent nor disputed<br><b>Basis for the claim:</b> <u>SERVICES PROVIDED</u><br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes |
| 3.8  | <b>Nonpriority creditor's name and mailing address</b><br>DACOTAH PAPER COMPANY<br><br>PO BOX 2727<br>DICKINSON, ND 58108-2727<br><br>Date or dates debt was incurred <u>VARIOUS</u><br>Last 4 digits of account number <u>2354</u>           | <b>As of the petition filing date, the claim is:</b> \$ <u>3,967.86</u><br><i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>Goods sold</u><br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes   |
| 3.9  | <b>Nonpriority creditor's name and mailing address</b><br>DAKOTA DUST TEX<br><br>3804 SARATOGA AVENUE<br>BISMARCK, ND 58503<br><br>Date or dates debt was incurred _____<br>Last 4 digits of account number <u>9250</u>                       | <b>As of the petition filing date, the claim is:</b> \$ <u>414.07</u><br><i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>SERVICES PROVIDED</u><br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes  |
| 3.10 | <b>Nonpriority creditor's name and mailing address</b><br>DEAN FOODS NORTH CENTRAL<br><br>PO BOX 1450-8318<br>MINNEAPOLIS, MN 55485-8318<br><br>Date or dates debt was incurred <u>VARIOUS</u><br>Last 4 digits of account number <u>3648</u> | <b>As of the petition filing date, the claim is:</b> \$ <u>144.25</u><br><i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>GOODS SOLD</u><br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes   |
| 3.11 | <b>Nonpriority creditor's name and mailing address</b><br>DENNY'S ELECTRIC<br><br>1661 I-94 BUSINESS LOOP E<br>DICKINSON, ND 58601-1406<br><br>Date or dates debt was incurred _____<br>Last 4 digits of account number _____                 | <b>As of the petition filing date, the claim is:</b> \$ <u>302.64</u><br><i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>SERVICES PROVIDED</u><br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes  |

## Part 2: Additional Page

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Amount of claim

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|------|---|---|
| 3.12 | <p>Nonpriority creditor's name and mailing address<br/>THE DICKINSON PRESS</p> <p>1815 W 1st St<br/>Dickinson, ND 58601</p> <p>Date or dates debt was incurred _____<br/>Last 4 digits of account number _____</p>                | <p>As of the petition filing date, the claim is: \$ 4.50</p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent<br/><input type="checkbox"/> Unliquidated<br/><input type="checkbox"/> Disputed<br/><input type="checkbox"/> Liquidated and neither contingent nor disputed</p> <p>Basis for the claim: SERVICES PROVIDED</p> <p>Is the claim subject to offset?<br/><input checked="" type="checkbox"/> No<br/><input type="checkbox"/> Yes</p> |
| 3.13 | <p>Nonpriority creditor's name and mailing address<br/>DICKINSON AREA CHAMBER OF COMMERCE</p> <p>314 3rd Ave W<br/>DICKINSON, ND 58601</p> <p>Date or dates debt was incurred _____<br/>Last 4 digits of account number _____</p> | <p>As of the petition filing date, the claim is: \$ 0</p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent<br/><input type="checkbox"/> Unliquidated<br/><input type="checkbox"/> Disputed</p> <p>Basis for the claim: Services provided</p> <p>Is the claim subject to offset?<br/><input checked="" type="checkbox"/> No<br/><input type="checkbox"/> Yes</p>  |
| 3.14 | <p>Nonpriority creditor's name and mailing address<br/>ECOLAB</p> <p>PO BOX 70343<br/>CHICAGO, IL 60673</p> <p>Date or dates debt was incurred VARIOUS<br/>Last 4 digits of account number N263</p>                               | <p>As of the petition filing date, the claim is: \$ 335.14</p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent<br/><input type="checkbox"/> Unliquidated<br/><input type="checkbox"/> Disputed</p> <p>Basis for the claim: SERVICES PROVIDED</p> <p>Is the claim subject to offset?<br/><input checked="" type="checkbox"/> No<br/><input type="checkbox"/> Yes</p>   |
| 3.15 | <p>Nonpriority creditor's name and mailing address<br/>FIRST NATIONAL BANK</p> <p>PO Box 2814<br/>OMAHA, NE 68103</p> <p>Date or dates debt was incurred Continuing<br/>Last 4 digits of account number _____</p>                 | <p>As of the petition filing date, the claim is: \$ 1,629.92</p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent<br/><input type="checkbox"/> Unliquidated<br/><input type="checkbox"/> Disputed</p> <p>Basis for the claim: UNSECURED CREDIT</p> <p>Is the claim subject to offset?<br/><input checked="" type="checkbox"/> No<br/><input type="checkbox"/> Yes</p>  |
| 3.16 | <p>Nonpriority creditor's name and mailing address<br/>FOUR SEASONS TROPHIES</p> <p>2589 3rd Ave W<br/>DICKINSON, ND 58601</p> <p>Date or dates debt was incurred _____<br/>Last 4 digits of account number _____</p>             | <p>As of the petition filing date, the claim is: \$ 14.65</p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent<br/><input type="checkbox"/> Unliquidated<br/><input type="checkbox"/> Disputed</p> <p>Basis for the claim: Goods sold</p> <p>Is the claim subject to offset?<br/><input checked="" type="checkbox"/> No<br/><input type="checkbox"/> Yes</p>   |

## Part 2: Additional Page

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Amount of claim

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|----|---|---|
| 3. | Nonpriority creditor's name and mailing address<br>JDANSKINNER COM INC.<br><br>5801 SUMAC LANE NE<br>ROCHESTER, MN 55906<br><br>Date or dates debt was incurred _____<br>Last 4 digits of account number _____                      | As of the petition filing date, the claim is: \$ 13.25<br><i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><input type="checkbox"/> Liquidated and neither contingent nor disputed<br>Basis for the claim: SERVICES PROVIDED<br>Is the claim subject to offset?<br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes |
| 3. | Nonpriority creditor's name and mailing address<br>KINSETH HOSPITALITY COMPANY, INC.<br><br>2 QUAIL CREEK CIRCLE<br>NORTH LIBERTY, IA 52317<br><br>Date or dates debt was incurred VARIOUS<br>Last 4 digits of account number _____ | As of the petition filing date, the claim is: \$ 44,965.50<br><i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br>Basis for the claim: Services provided<br>Is the claim subject to offset?<br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes  |
| 3. | Nonpriority creditor's name and mailing address<br>LOGO MAGIC INC.<br><br>2068 3rd Avenue W<br>DICKINSON, ND 58601<br><br>Date or dates debt was incurred _____<br>Last 4 digits of account number _____                            | As of the petition filing date, the claim is: \$ 839.76<br><i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br>Basis for the claim: GOODS SOLD<br>Is the claim subject to offset?<br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes  |
| 3. | Nonpriority creditor's name and mailing address<br>MARCO TECHNOLOGIES<br><br>PO BOX 790448<br>St Louis, MO 63179<br><br>Date or dates debt was incurred VARIOUS<br>Last 4 digits of account number _____                            | As of the petition filing date, the claim is: \$ 540.23<br><i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br>Basis for the claim: GOODS SOLD<br>Is the claim subject to offset?<br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes  |
| 3. | Nonpriority creditor's name and mailing address<br>MONTANA DAKOTA UTILITIES CO.<br><br>PO BOX 5600<br>BISMARCK, ND 58506-5600<br><br>Date or dates debt was incurred CONTINUOUS<br>Last 4 digits of account number 0006             | As of the petition filing date, the claim is: \$ 15,982.62<br><i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br>Basis for the claim: UTILITY SERVICES<br>Is the claim subject to offset?<br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes   |

## Part 2: Additional Page

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Amount of claim

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|------|--|--|
| 3.22 | <b>Nonpriority creditor's name and mailing address</b><br>NESTLE SOLON<br><br>P.O. Box 841933<br>Dallas, TX 75284-1933<br><br>Date or dates debt was incurred _____<br>Last 4 digits of account number 8694 ____                           | <b>As of the petition filing date, the claim is:</b> \$ 159.24<br><i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><input type="checkbox"/> Liquidated and neither contingent nor disputed<br><br><b>Basis for the claim:</b> GOODS SOLD<br><br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes |
| 3.23 | <b>Nonpriority creditor's name and mailing address</b><br>NEWMAN OUTDOOR ADVERTISING<br><br>1606 6th AVE SW<br>JAMESTOWN, ND 58402<br><br>Date or dates debt was incurred VARIOUS<br>Last 4 digits of account number ____                  | <b>As of the petition filing date, the claim is:</b> \$ 1,016.00<br><i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> Services provided<br><br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes   |
| 3.24 | <b>Nonpriority creditor's name and mailing address</b><br>NOVA FIRE PROTECTION, INC.<br><br>304 41st ST SW<br>FARGO, ND 58103<br><br>Date or dates debt was incurred JULY 12, 2017<br>Last 4 digits of account number 7778 ____            | <b>As of the petition filing date, the claim is:</b> \$ 355.00<br><i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> SERVICES PROVIDED<br><br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes   |
| 3.25 | <b>Nonpriority creditor's name and mailing address</b><br>PLUNKETT'S PEST CONTROL<br><br>40 52nd QAY NE<br>FRIDLEY, MN 55421<br><br>Date or dates debt was incurred VARIOUS<br>Last 4 digits of account number 7410 ____                   | <b>As of the petition filing date, the claim is:</b> \$ 149.86<br><i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> SERVICES PROVIDED<br><br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes   |
| 3.26 | <b>Nonpriority creditor's name and mailing address</b><br>RAMADA WORLDWIDE INC.<br><br>15018 COLLECTIONS CENTER DRIVE<br>CHICAGO, IL 60693<br><br>Date or dates debt was incurred CONTINUOUS<br>Last 4 digits of account number 4-RAM ____ | <b>As of the petition filing date, the claim is:</b> \$ 31,458.15<br><i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> FRANCHISE FEES<br><br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes   |

## Part 2: Additional Page

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Amount of claim

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|------|--|--|
| 3.27 | <b>Nonpriority creditor's name and mailing address</b><br>RECREATION SUPPLY COMPANY<br><br>P.O. Box 2757<br>BISMARCK, ND 58502<br><br>Date or dates debt was incurred _____<br>Last 4 digits of account number 8023 ____             | <b>As of the petition filing date, the claim is:</b> \$ 105.54<br><i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><input type="checkbox"/> Liquidated and neither contingent nor disputed<br><br><b>Basis for the claim:</b> GOODS SOLD<br><br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes |
| 3.28 | <b>Nonpriority creditor's name and mailing address</b><br>ROTARY CLUB OF DICKINSON<br><br>532 15th ST W<br>DICKINSON, ND 58601<br><br>Date or dates debt was incurred _____<br>Last 4 digits of account number ____                  | <b>As of the petition filing date, the claim is:</b> \$ 0.00<br><i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> Services provided<br><br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes   |
| 3.29 | <b>Nonpriority creditor's name and mailing address</b><br>SOUTHWESTERN DISTRICT HEALTH<br><br>227 16th ST W<br>DICKINSON, ND 58601<br><br>Date or dates debt was incurred JULY 12, 2017<br>Last 4 digits of account number 7778 ____ | <b>As of the petition filing date, the claim is:</b> \$ 40.00<br><i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> SERVICES PROVIDED<br><br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes  |
| 3.30 | <b>Nonpriority creditor's name and mailing address</b><br>STAPLES ADVANTAGE<br><br>PO BOX 83689<br>CHICAGO, IL 60696-3689<br><br>Date or dates debt was incurred _____<br>Last 4 digits of account number ____                       | <b>As of the petition filing date, the claim is:</b> \$ 375.89<br><i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> GOODS SOLD<br><br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes  |
| 3.31 | <b>Nonpriority creditor's name and mailing address</b><br>SYSCO NORTH DAKOTA<br><br>3225 12th AVE N<br>FARGO, ND 58102<br><br>Date or dates debt was incurred VARIOUS<br>Last 4 digits of account number 9574 ____                   | <b>As of the petition filing date, the claim is:</b> \$ 12,117.89<br><i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> GOODS SOLD<br><br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes   |



## Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

|      |   |   |
|------|---|---|
| 3.32 | <b>Nonpriority creditor's name and mailing address</b><br>SYSCO GUEST SUPPLY<br><br>P.O. Box 910<br>MONMOUTH JUNCTION, NJ 08852-0910<br><br>Date or dates debt was incurred <u>VARIOUS</u><br>Last 4 digits of account number <u>9263</u>           | <b>As of the petition filing date, the claim is:</b> \$ <u>22,259.63</u><br><i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><input type="checkbox"/> Liquidated and neither contingent nor disputed<br><b>Basis for the claim:</b> <u>GOODS SOLD</u><br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes |
| 3.33 | <b>Nonpriority creditor's name and mailing address</b><br>TEMP RIGHT SERVICE INC.<br><br>4664 2nd St SW<br>DICKINSON, ND 58601<br><br>Date or dates debt was incurred <u>VARIOUS</u><br>Last 4 digits of account number <u>      </u>               | <b>As of the petition filing date, the claim is:</b> \$ <u>5,447.80</u><br><i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>Services provided</u><br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes  |
| 3.34 | <b>Nonpriority creditor's name and mailing address</b><br>THYSSENKRUPP ELEVATOR CORP.<br><br>2801 NETWORK BLVD., STE 700<br>FRISCO, TX 75034<br><br>Date or dates debt was incurred <u>VARIOUS</u><br>Last 4 digits of account number <u>      </u> | <b>As of the petition filing date, the claim is:</b> \$ <u>127.09</u><br><i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>SERVICES PROVIDED</u><br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes  |
| 3.35 | <b>Nonpriority creditor's name and mailing address</b><br>TWIN CITY ROOFING LLC<br><br>PO BOX 545<br>DICKINSON, ND 58602<br><br>Date or dates debt was incurred <u>      </u><br>Last 4 digits of account number <u>      </u>                      | <b>As of the petition filing date, the claim is:</b> \$ <u>429.00</u><br><i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>SERVICES PROVIDED</u><br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes  |
| 3.36 | <b>Nonpriority creditor's name and mailing address</b><br>UNITED PARCEL SERVICE<br><br>LOCK BOX 577<br>CAROL STREAM, IL 60132<br><br>Date or dates debt was incurred <u>VARIOUS</u><br>Last 4 digits of account number <u>W458</u>                  | <b>As of the petition filing date, the claim is:</b> \$ <u>95.79</u><br><i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>SERVICES PROVIDED</u><br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes   |

## Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.37 Nonpriority creditor's name and mailing address

CLARKSTON HOTEL GROUP, LLC

217 EAST TREMONT AVE.

CHARLOTTE, NC 28203

As of the petition filing date, the claim is:

\$ 250,000.00

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed  
☐ Liquidated and neither contingent nor disputed

Basis for the claim: LOANS MADE

Date or dates debt was incurred

VARIOUS

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No  
☐ Yes

3. Nonpriority creditor's name and mailing address

As of the petition filing date, the claim is:

\$

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim:

Date or dates debt was incurred

Is the claim subject to offset?

Last 4 digits of account number

- ☐ No  
☐ Yes

3. Nonpriority creditor's name and mailing address

As of the petition filing date, the claim is:

\$

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim:

Date or dates debt was incurred

Is the claim subject to offset?

Last 4 digits of account number

- ☐ No  
☐ Yes

3. Nonpriority creditor's name and mailing address

As of the petition filing date, the claim is:

\$

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim:

Date or dates debt was incurred

Is the claim subject to offset?

Last 4 digits of account number

- ☐ No  
☐ Yes

3. Nonpriority creditor's name and mailing address

As of the petition filing date, the claim is:

\$

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim:

Date or dates debt was incurred

Is the claim subject to offset?

Last 4 digits of account number

- ☐ No  
☐ Yes

## Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

| Name and mailing address   | On which line in Part 1 or Part 2 is the related creditor (if any) listed? | Last 4 digits of account number, if any |
|--|--|---|
| 4.1. DANIEL ELIADES and MATTEO PERCONTINO<br>1037 RAYMOND BLVD., SIXTEENTH FLOOR<br>NEWARK, NJ 07102 | Line 3.26<br><input type="checkbox"/> Not listed. Explain _____            | 4-ram ____                              |
| 4.2. DARRYL S. LADDIN<br>171 17th STREET NW, STE<br>ATLANTA, GA 30363                                | Line 3.31<br><input type="checkbox"/> Not listed. Explain _____            | 9574 ____                               |
| 4.3. _____<br>_____<br>_____   | Line _____<br><input type="checkbox"/> Not listed. Explain _____           | ____                                    |
| 4.4. _____<br>_____<br>_____   | Line _____<br><input type="checkbox"/> Not listed. Explain _____           | ____                                    |
| 4.1. _____<br>_____<br>_____   | Line _____<br><input type="checkbox"/> Not listed. Explain _____           | ____                                    |
| 4.5. _____<br>_____<br>_____   | Line _____<br><input type="checkbox"/> Not listed. Explain _____           | ____                                    |
| 4.6. _____<br>_____<br>_____   | Line _____<br><input type="checkbox"/> Not listed. Explain _____           | ____                                    |
| 4.7. _____<br>_____<br>_____   | Line _____<br><input type="checkbox"/> Not listed. Explain _____           | ____                                    |
| 4.8. _____<br>_____<br>_____   | Line _____<br><input type="checkbox"/> Not listed. Explain _____           | ____                                    |
| 4.9. _____<br>_____<br>_____   | Line _____<br><input type="checkbox"/> Not listed. Explain _____           | ____                                    |
| 4.10. _____<br>_____<br>_____  | Line _____<br><input type="checkbox"/> Not listed. Explain _____           | ____                                    |
| 4.11. _____<br>_____<br>_____  | Line _____<br><input type="checkbox"/> Not listed. Explain _____           | ____                                    |

Debtor

GRAND DAKOTA PARTNERS, LLC

Name

Case number (if known)

17-30535

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

Total of claim amounts

5a. Total claims from Part 1

5a.

0

\$

5b. Total claims from Part 2

5b.

+

416,962.35

\$

5c. Total of Parts 1 and 2

5c.

416,962.35

\$

Lines 5a + 5b = 5c.

**Fill in this information to identify the case:**

Debtor name Grand Dakota Partners, LLC

United States Bankruptcy Court for the: \_\_\_\_\_ District of \_\_\_\_\_  
(State)

Case number (If known): \_\_\_\_\_

☒ Check if this is an amended filing

**Official Form 206Sum****Summary of Assets and Liabilities for Non-Individuals****12/15****Part 1: Summary of Assets****1. Schedule A/B: Assets—Real and Personal Property** (Official Form 206A/B)

|   |                      |
|---|----------------------|
| <b>1a. Real property:</b><br>Copy line 88 from <i>Schedule A/B</i> .....            | \$ <u>10,588,000</u> |
| <b>1b. Total personal property:</b><br>Copy line 91A from <i>Schedule A/B</i> ..... | \$ <u>515,381</u>    |
| <b>1c. Total of all property:</b><br>Copy line 92 from <i>Schedule A/B</i> .....    | \$ <u>11,103,381</u> |

**Part 2: Summary of Liabilities**

|  |                               |
|--|-------------------------------|
| <b>2. Schedule D: Creditors Who Have Claims Secured by Property</b> (Official Form 206D)<br>Copy the total dollar amount listed in Column A, <i>Amount of claim</i> , from line 3 of <i>Schedule D</i> ..... | \$ <u>9,396,876</u>           |
| <b>3. Schedule E/F: Creditors Who Have Unsecured Claims</b> (Official Form 206E/F)   |                               |
| <b>3a. Total claim amounts of priority unsecured claims:</b><br>Copy the total claims from Part 1 from line 5a of <i>Schedule E/F</i> .....  | \$ <u>0</u>                   |
| <b>3b. Total amount of claims of nonpriority amount of unsecured claims:</b><br>Copy the total of the amount of claims from Part 2 from line 5b of <i>Schedule E/F</i> .....                                 | <b>+</b> \$ <u>416,962.35</u> |
| <b>4. Total liabilities</b> .....<br>Lines 2 + 3a + 3b   | \$ <u>9,813,838.35</u>        |